

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## =62-041649

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1298

STATE FILE NUMBER

FILED NOV 26 1962

### 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

St. Joseph

Length of stay in 1b

35 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Missouri Methodist Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY

OR

TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

6504 King Hill Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

ADA

Middle

L.

Last

BEATY

4. DATE OF DEATH

Month

Day

Year

November

14

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Dec. 7, 1878

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Knob Noster, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

John F. Beaty

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Stepdaughter

Address

Mrs. Thomas A. Freeman-St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Dehydration

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

gen arteriosclerosis

DUE TO (c)

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Malnutrition; anemia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Oct 1962 to

11/14/62

and last saw her

alive on

11/14/62

Death occurred at

10:25 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Donald Stallard, M.D.

(Degree or title)

22b. ADDRESS

902 Edmond

22c. DATE SIGNED

11/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov. 16, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Mora Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Nov. 19, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Hardell

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Stallard, H. D.

DATE AMENDED

VS 300  
Rev. 4/59

1 5117

2 51172

3

4 1

5 2

6

7 0

8 2

9 4500

10

11

12 2-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond H. Moore

Licensed Embalmer No. 5147

P. O. Address St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 11/16/62